

IM5 Clinical Worksheet – Pediatric Floor

Student Name: <u>Sadie Fregia</u> Date: <u>11/18/25</u>	Patient Age: <u>11 weeks old</u> Patient Weight: <u>4.10 kg</u>
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) <u>RSV - viral infection that causes inflammation and swelling in airway and lungs. It can also cause a lot of mucus</u>	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>Respiratory - lung sounds, O₂ trends, look at work of breathing.</u>
3. Identify the most likely and worst possible complications. <u>most = respiratory distress, dehydration from poor feeding, increased mucus</u> <u>worst = respiratory failure</u>	4. What interventions can prevent the listed complications from developing? <u>suctioning nose and mouth, provide supplemental oxygen, keep infant hydrated, positioning to help with breathing.</u>
5. What clinical data/assessments are needed to identify these complications early? <u>continuous pulse ox, frequent respiratory assessment, intake & output for hydration status.</u>	6. What nursing interventions will the nurse implement if the anticipated complication develops? <u>increase oxygen support as ordered, suction more frequently, notify PCP if breathing worsens or O₂ drops.</u>
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <u>1. Swaddling for comfort</u> <u>2. pacifier for comfort</u>	8. Patient/Caregiver Teaching: <u>1. Teach parents how to suction at home</u> <u>2. Encourage frequent handwashing</u> <u>3. Teach for signs of respiratory distress</u> Any Safety Issues identified: <u>- Risk for dehydration due to poor feeding</u> <u>- Risk for apnea due to age</u>

Student Name: Sadie F	Patient Age: 11 WKS
Date: 11/18/25	Patient Weight: 4.16 kg

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Hematocrit ↓	27.3	
Potassium ↑	6.0	
Metabolic Panel Labs		
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)		
Lab TRENDS concerning to Nurse?		

11. Growth & Development:
*List the Developmental Stage of Your Patient For Each Theorist Below.
*Document 2 OBSERVED Developmental Behaviors for Each Theorist.
*If Developmentally Delayed, Identify the Stage You Would Classify the Patient:

Erickson Stage: Trust vs. Mistrust

1. Basic needs met through caregiver
2. Shows attachment / comforting behaviors from caregiver

Piaget Stage: Sensorimotor Stage

1. Uses reflexes (sucking, grasping)
2. Tracks objects with eyes

Please list any medications you administered or procedures you performed during your shift:

None

Pediatric Floor Patient #1

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: ☒ Healthy/Well Nourished ☒ Neat/Clean ☐ Emaciated ☐ Unkept Developmental age: ☒ Normal ☐ Delayed	Pulse: ☒ Regular ☐ Irregular ☒ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____ Edema: ☐ Yes ☒ No Location _____ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ Capillary Refill: ☒ < 2 sec ☐ > 2 sec	Social Status: ☒ Calm/Relaxed ☐ Quiet ☐ Friendly ☐ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious Social/emotional bonding with family: ☒ Present ☐ Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: ☐ Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive Oriented to: ☐ Person ☐ Place ☐ Time/Event ☒ Appropriate for Age Pupil Response: ☐ Equal ☐ Unequal ☐ Reactive to Light ☐ Size _____ Fontanel: (Pt < 2 years) ☐ Soft ☒ Flat ☐ Bulging ☐ Sunken ☐ Closed Extremities: ☒ Able to move all extremities ☒ Symmetrically ☐ Asymmetrically Grips: Right _____ Left _____ Pushes: Right _____ Left _____ S=Strong W=Weak N=None EVD Drain: ☐ Yes ☒ No Level _____ Seizure Precautions: ☐ Yes ☒ No	Urine Appearance: <u>clear, yellow</u> Stool Appearance: <u>normal</u> ☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy	Site: _____ ☐ INT ☒ None ☐ Central Line Type/Location: _____ Appearance: ☐ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return Dressing Intact: ☐ Yes ☐ No Fluids: _____
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: ☐ Regular ☒ Irregular ☐ Retractions (type) _____ ☒ Labored Breath Sounds: Clear ☐ Right ☐ Left Crackles ☐ Right ☐ Left Wheezes ☒ Right ☒ Left Diminished ☐ Right ☐ Left Absent ☐ Right ☐ Left ☐ Room Air ☒ Oxygen Oxygen Delivery: ☒ Nasal Cannula: <u>0.5</u> L/min ☐ BiPap/CPAP: _____ ☐ Vent: ETT size _____ @ _____ cm ☐ Other: _____ Trach: ☐ Yes ☒ No Size _____ Type _____ Obturator at Bedside ☐ Yes ☒ No Cough: ☒ Yes ☐ No ☒ Productive ☐ Nonproductive Secretions: Color _____ Consistency _____ Suction: ☒ Yes ☐ No Type _____ Pulse Ox Site <u>Right foot</u> Oxygen Saturation: <u>100</u>	Abdomen: ☒ Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded Bowel Sounds: ☒ Present X <u>4</u> quads ☐ Active ☐ Hypo ☐ Hyper ☐ Absent Nausea: ☐ Yes ☒ No Vomiting: ☐ Yes ☒ No Passing Flatus: ☐ Yes ☒ No Tube: ☐ Yes ☒ No Type _____ Location _____ Inserted to _____ cm ☐ Suction Type: _____	Color: ☒ Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale ☐ Natural for Pt Condition: ☒ Warm ☐ Cool ☐ Dry ☐ Diaphoretic Turgor: ☒ < 5 seconds ☐ > 5 seconds Skin: ☒ Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☐ Skin Breakdown Location/Description: _____ Mucous Membranes: Color: _____ ☒ Moist ☐ Dry ☐ Ulceration
	NUTRITIONAL	PAIN <u>Baby asleep</u>
	Diet/Formula: <u>breastfed</u> Amount/Schedule: <u>Q</u> Chewing/Swallowing difficulties: ☐ Yes ☐ No	Scale Used: ☐ Numeric ☐ FLACC ☐ Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 _____
	MUSCULOSKELETAL	WOUND/INCISION
	☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors Movement: ☐ RA ☐ LA ☐ RL ☐ LL ☒ All Brace/Appliances: ☐ None Type: _____	☒ None Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY	TUBES/DRAINS
	☐ Ambulatory ☐ Crawl ☒ In Arms ☐ Ambulatory with assist _____ Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden	☒ None ☐ Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Pediatric Floor Patient #1

NO intake written down

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed													
Intake – PO Meds													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate						
							Rationale for Discrepancy (if applicable)						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper													
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						

Children's Hospital Early Warning Score (CHEWS)	
(See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: 0 1 2 3
Respiratory	Circle the appropriate score for this category: 0 1 2 3
Staff Concern	1 pt – Concerned 0
Family Concern	1 pt – Concerned or absent 0
CHEWS Total Score	
CHEWS Total Score	Total Score (points) 0
	Score 0-2 (Green) – Continue routine assessments
	Score 3-4 (Yellow) – Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) – Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

